AMENDMENT TRANSMITTAL LETTER							Docket No. 20269/1201776-US2	
Application No.		Filing		Examiner		Art Unit		
10/623,431-Conf. #4067		July 18, 2003			M. Graffeo		1614	
pplicant(s): Jay	D. Kranzler et	al.						
	DDS OF TREA		IYALGIA SYI	NDROM	E, CHRO	NIC FATIG	UE	
	TC	THE COMMI	ISSIONER FO	OR PAT	ENTS			
ransmitted here	with is an ame	ndment in the	above-identif	ied appl	ication.			
he fee has been	calculated an	d is transmitte	d as shown b	elow.				
		CLAIM	S AS AMENI	DED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate			
Total Claims	21 .	- 77 =	0	х	50.00		0.00	
Independent Claims	7	- 12 =	0	х	200.00		0.00	
Multiple Depend	ent Claims (ch	eck if applicabl	le)					
			· –			-		
Other fee (pleas	e specify):							
							0.00	
TOTAL ADDITI	ONAL FEE FO	OR THIS AME	NDMENT:				0.00	
	ONAL FEE FO	OR THIS AME	NDMENT:		Small Entit	tv	0.00	
x Large Entity					Small Entit	ty	0.00	
x Large Entity x No additiona	l fee is require	d for this amer	ndment.			•	0.00	
x Large Entity x No additiona Please charg	l fee is require	d for this amer	ndment.		Small Entition	•		
x Large Entity x No additiona Please charg A duplicate of	I fee is require ge Deposit Acc	d for this amer ount No. eet is enclosed	ndment. ir	the am	ount of \$			
x Large Entity x No additiona Please charg A duplicate of	I fee is require ge Deposit Acc copy of this she	d for this amer count No. eet is enclosed	ndment. ir l. to cover	the am	ount of \$			
x Large Entity x No additiona Please charg A duplicate o A check in th	I fee is require ge Deposit Acc copy of this she ne amount of \$ credit card. Fo	d for this amer count No. eet is enclosed	ndmentir l to cover is attached.	n the am	ount of \$	closed.		
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x Large Entity x No additiona Please charg A duplicate of A check in th Payment by x The Director as described x Credit ar x Charge a	I fee is require ge Deposit Acc copy of this she se amount of \$ credit card. For is hereby auth I below. A dup ny overpaymer iny additional fili	d for this amer ount No. Let is enclosed orm PTO-2038 lorized to charalicate copy of the	indment. ir to cover is attached. ge and credit this sheet is e	the filing Depositenctosed	nount of \$ gree is en t Account t.	nclosed. No. 04	-0100 16 and 1.17.	
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